

**McAdams Junior Golf Program
840 N.YALE AVE 688-9391
Program Director:Dr.Michael Williams
316-684-1470 or 316-685-1742**

**ANNUAL JUNIOR GOLF CLINIC
PARTICIPANT REGISTRATION FORM**

**REGISTRATION IS JUNE 2,2014 PROGRAM START JUNE 3 THROUGH JULY 31,2014.
PRACTICE IS MONDAYS AND THURSDAYS 6:30 TO 8 PM PROGRAM WILL CONCLUDE
MCADAMS 84TH CELEBRATION GOLF TOURNAMENT. THIS IS A 9WK PROGRAM AGES 5 TO 17
.THE COST IS \$5.00 FOR THE 9WKS.**

Name_____

Address_____

Phone()_____ Email_____

Date of Birth_____ Age_____

Parent/Guardian_____

Phone(H)_____ (C)_____ (W)_____

Emergency Contact_____

Phone ()_____

Health Concerns Yes No (circle one)

Check all that apply:

_____The Golfer _____ Novice _____ Competition Ready

_____ Own Clubs _____ Prior Participation

DO NOT WRITE BELOW THIS LINE

Date Received_____ by_____